

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 31 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000028333

1. Corporation Name

SPRINGTREE STUDIOS, INC.

Principal Place of Business

3700 N.W. 91ST STREET
SUITE C-200
GAINESVILLE FL 32606

Mailing Address

3700 N.W. 91ST STREET
SUITE C-200
GAINESVILLE FL 32606

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/1999

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	CRAWFORD, PATRICIA A	1426 N.W. 25TH TERRACE	GAINESVILLE FL 32605
D	HENDERSON, GRAHAM	48845 LASSEN STREET	NORTHBRIDGE GA 30152
D	CRAWFORD, ROBERT	3634 N.W. 51ST TERRACE	GAINESVILLE FL 32606
D	CRAWFORD, WALLACE J	1426 N.W. 25TH TERRACE	GAINESVILLE FL 32605
D	ELRAD, RANDI K	8205 S.W. 44TH TERRACE	GAINESVILLE FL 32608

8. Name and Address of Current Registered Agent

CRAWFORD, PATRICIA A
1426 N.W. 25TH TERRACE
GAINESVILLE FL 32605

9. Name and Address of New Registered Agent

REINSTATEMENT

Name

Street Address (P.O. Box Number is Not Acceptable)

500003471925--7

Suite, Apt. #, Etc.

-11721700--01027--010

***750.00 ***750.00

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

PATRICIA CRAWFORD
REGISTERED AGENT MUST SIGN

Date Oct. 23, 2000

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

PATRICIA CRAWFORD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 23, 2000

Date

Daytime Phone #

352 374-2225